## **VENDOR QUESTIONNAIRE**

Vendor Name									
Address									
City						State		Zip	
Phone Number						_			
Fax Number						_			
Email						_			
Contact First Name				Cont	tact Last Name				
Name of the Louisville Metro Department administering this transaction:									
			Yes		No	7			
2. Is this transaction	over \$10,00	)0?							
ľ							Yes	N N	0
3. If "Yes", has the vendor been Prequalified with the Human Relations Commission?									
a) If "No", all transactions over \$10,000 must be prequalifed prior to approving payment. Go to									
	www.louisv	illeky.gov/hur	<u>nanrelations</u>	to initiate th	ne prequalificat	ion process.			
4. Is the vendor cert		of the followi	7 T		1.,	<u> </u>	D'	-	
	Minority Owned:		Female Owned:		Handicapped Owned:		Disadvantaged Owned:		
	-\ If a color	-tian is made	list the contifu	:	J				
	a) II a selec	XIOII IS IIIaue,	list the certify	ing agency:					
5. Is the vendor maj		Yes	N	n					
	a) At least 51% of the business owned by a female (or females)							7	
b) At least 51% of the business owned by handicapped person(s)								1	
c) At least 51% of the business owned by a minority (or minorities)								1	
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If you have any questions concerning vendor prequalification and certification, please contact:									
LOUISVILLE METRO HUMAN RELATIONS COMMISSION									
410 West Chestnut Street									
LOUISVILLE, KY 40202									
<b>Ph</b> : 502-574-3631 <b>TDD</b> : 502-574-4332									
		Website:	www.lou	ıisvilleky.gov/	humanrelation	<u>1S</u>			
			Ema	il: hrc@louis	svilleky.gov				
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